



LYMPHOMA QUESTIONNAIRE

Client _____ Age/DOB _____

Date diagnosed? _____

Check type of Lymphoma:

- Hodgkin's Lymphoma
- Non-Hodgkin's Lymphoma
- Cutaneous T-Cell Lymphoma (CTCL)
- Mycosis Fungoides
- Sezary's Syndrome
- Waldenstrom Macroglobulinemia (WM)
- Mantle Cell Lymphoma (MCL)
- Primary Cutaneous B-Cell Lymphoma (PCBCL)

Check Grade of Lymphoma:

- Low grade
- Intermediate grade
- High grade

Check Stage of Lymphoma:

- Stage 1
- Stage 2
- Stage 3
- Stage 4

Check if any subtype staging:

- Type A
- Type B

*We strongly suggest including the actual pathology reports from any biopsies (lymph nodes, skin or bone marrow) in order to provide a more meaningful quote.

Check treatment type (check all that apply):

- Radiation (Date of last treatment: _____)
- Chemotherapy (Date of last treatment: _____)
- Phototherapy (PUVA) (How often? _____)
- Immunosuppression Therapy
- Watch & Wait (Observation only)
- Stem Cell Transplant (Date: _____)
- Bone Marrow Transplant (Date: _____)
- Surgery/biopsy(s)? Dates & details: _____

Any history of the following (check all that apply)?

- Any recurrence after initial treatment? Details: _____
- History of any other cancer(s)? Details: _____
- History of HIV virus
- History of Human T-Lymphotropic Virus (HTLV)
- History of Epstein-Barr Virus (EBV)
- History of H. Pylori (GI tract bacteria)
- History of Infectious Mononucleosis (Mono)
- History of organ transplant (Date & details: _____)
- History of any autoimmune disorder(s)
- Family history of lymphoma (Details: _____)
- Family history of other types of cancer (Details: _____)

Date of most recent medical follow-up: _____

Date & results of last imaging (CT, MRI, PET scan): _____

Have you ever used tobacco? YES NO

If yes, type of tobacco used? Cigarettes Cigars Chew Pipe Other: _____

Date of last use: _____

Any other major health impairments? _____

Any medications? _____
